

THE DIVISION OF HEALTH MISSOURI  
STANDARD CERTIFICATE OF DEATH

24234  
State File No. 6040

REG. DIST. NO. 318 PRIMARY REG. DIST. NO. 1003 Registrar's No.

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <i>Mo</i> b. COUNTY	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <i>St Louis, Mo</i>		c. CITY OR TOWN <i>St Louis</i>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <i>In route Phillips</i>		e. STREET ADDRESS (If rural, give location) <i>4509 Cote Brillante</i>	
3. NAME OF DECEASED (Type or Print) <i>L Gabriel M. Banks</i>		4. DATE OF DEATH (Month) (Day) (Year) <i>7 1 1954</i>	
5. SEX <i>MALE</i>		6. COLOR OR RACE <i>Negro</i>	
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <i>SINGLE</i>		8. DATE OF BIRTH <i>Oct. 23, 1921</i>	
9. AGE (In years last birthday) <i>32</i>		10. IF UNDER 1 YEAR (Month) (Day) (Hour) (Min.)	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>laborer</i>		10b. KIND OF BUSINESS OR INDUSTRY	
11. BIRTHPLACE (City and State or Foreign Country) <i>St. Louis, Mo</i>		12. CITIZEN OF WHAT COUNTRY?	
13a. FATHER'S NAME <i>Michael Banks</i>		13b. MOTHER'S MAIDEN NAME <i>Ida Andrew</i>	
14. NAME OF HUSBAND OR WIFE		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <i>no</i>	
16. SOCIAL SECURITY NO. <i>no</i>		17. INFORMANT'S SIGNATURE OR NAME <i>Mrs Mary Banks Hanna - above</i>	
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)  *This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <i>Gunshot wounds of skull &amp; brain</i> ANTECEDENT CAUSES <i>suffered when shot with gun by thugs in hands of Officers Council and Capt. Rann who were injured as a result of this affair in the line of duty while on Police Duties, about 12:00 am July 1, 1954 in front of above address</i> II. OTHER SIGNIFICANT CONDITIONS <i>Police Duties, about 12:00 am July 1, 1954 in front of above address</i> Conditions contributing to the death but not related to the disease or condition causing death.	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <i>July 1, 1954 in front of above address</i>	
20. INTERVAL BETWEEN ONSET OF DEATH		21a. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <i>street</i>	
21a. ADDRESS (Street) <i>subside</i>		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <i>St Louis Mo.</i>	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.) <i>July 1, 54 1:20 p.m.</i>		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	
21f. HOW DID INJURY OCCUR? <i>E984X</i>		22. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____ and that death occurred at _____, 19____, from the causes and on the date stated above.	
23a. SIGNATURE (Type or Print) <i>William J. Taylor, Coroner</i>		23b. ADDRESS <i>1300 Clark Ave</i>	
23c. DATE SIGNED <i>7-6-54</i>		24a. BURIAL, CREMATION, REMOVAL (Specify) <i>Burial</i>	
24b. DATE <i>July 1, 1954</i>		24c. NAME OF CEMETERY OR CREMATORY <i>Oakdale</i>	
24d. LOCATION (City, town, or county) (State) <i>Lemay, Mo.</i>		25. FUNERAL DIRECTOR'S SIGNATURE <i>W. B. Burke</i>	
25. ADDRESS <i>3505 Franklin</i>		DATE REC'D BY LOCAL REG. <i>JUL 6 1954</i>	
REGISTRAR'S SIGNATURE <i>J. Carl Smith</i>		25. ADDRESS <i>3505 Franklin</i>	

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

**STATEMENT BY LICENSED EMBALMER**

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by ..... Student Embalmer No. .... working under my personal supervision..

Student.....  
Signature of Student Embalmer

Signed *Leroy W. Bannister*.....

Licensed Embalmer No. *4520*.....

P. O. Address *3886 Coats*.....

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).  
If embalmed by a STUDENT, he also shall sign in his OWN handwriting.  
If this body is not embalmed, fact should be so stated above.